



DT06 Rec'd PCT/P 30 OCT 2002

PCT  
#6

App # 09/700, 270

PTO/SB/21 (08-00)

Approved for use through 10/31/02. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL  
FORM**


(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	See Attached Appendix	
	Filing Date	See Attached Appendix	
	First Named Inventor	See Attached Appendix	
	Group Art Unit	N/A	
	Examiner Name	N/A	
Total Number Of Pages In This Submission	21	Attorney Docket No.	532592800000

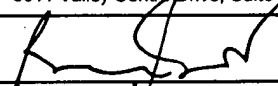
**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declarations	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard
<input type="checkbox"/> Information Disclosure Statement, PTO Form 1449, References	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Revocation of Prior Power of Attorney and Power of Attorney and Prosecution by Assignee (3 pages)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Appendix (2 pages)
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		<input type="checkbox"/> Copies of related Recordation of Assignment Documents, concurrently filed (15 pages)
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53		

Remarks

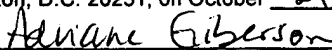
  
**25225**  
PATENT, TRADEMARK OFFICE

**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Firm or Individual Name	Bruce D. Grant Reg. No. 47,608 Morrison & Foerster LLP 3811 Valley Centre Drive, Suite 500, San Diego, California 92130
Signature	
Date	October 24, 2002

**CERTIFICATE OF MAILING BY "FIRST CLASS MAIL"**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on October 24, 2002.

  
Adriane Giberson

Burden Hours Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Issue Fee, Washington, DC 20231.